

www.mass.gov/abcc

LICENSE NUM	BER: 006000001		CITY OR TOWN	AYER
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: NASHOBA RES	T INC		
DOING BUSIN	ESS A			
ADDRESS 14 C	CENTRAL AVE.			
CITY/TOWN:	AYER	STATE: MA	ZIP CODE:	01432
MANAGER:	RAKIP, R. JR. T	YPE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PREM			
1ST FLR; 3 ROCCELLAR FOR S	OMS,KITCHEN, DINI STORAGE	NG ROOM, BAR 2NI	O FLR; 2 ROOMS F	OR STORAGE.
I hereby certify a	and swear under penalti	es of perjury that:		
	enewed license will be o	• •	•	
	censee has complied wi		•	taxes; and
3. the pr	remises are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual Partn	ner or Authorized Corp	orate Officer	
	marviduai, i arti	er of Humorized Corp	orate Officer	
DATE:	TFI FPHC	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
	TEELITIC	TIL TICHIDLIK.	(Note: NOT Ind	ividual Social Security Number)
** ** 41	1 44 45 4	• 40.0	, epe ,	11 (1 4 204 04
	igned, attest that we a gned by the building i			ed by Chapter 304 of the nent for the above
named license a				Chapter 116 of the Acts
of 2010.				
Please Check Below	<u>":</u>		LOCAL LICENS	ING AUTHORITY
APPROVED: [DISAPPROVEI			By:	
(If disapproved of				
(22 disapprovou (
DATE:				
A DDI AGA ETONA EOD D	ENEWAL MUST BE EILED BY	Y LICENSEES DURING THE M	MONTH OF NOVEMBER (M	GI Ch 138 \$ 16A)



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LICENSE NUMBER: 006000002		CITY OR TOWN AYER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CARLIN'S REDOING BUSINESS A ADDRESS 7 DEPOT SQUARE	EST INC.	
CITY/TOWN: AYER	STATE: MA	ZIP CODE: 01432
MANAGER: BERRY, PHILIP	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENSED PRI		
ADDITION OF ENCLOSED PATION I hereby certify and swear under penals.		IG.
 the renewed license will b the licensee has complied the premises are now open 	with all laws of the Comm	nonwealth relating to taxes; and
SIGNED BY Individual, Pa	urtner or Authorized Corpor	rate Officer
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED) BY LICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMB	ER: 006000005		CITY OR TOWN	AYER
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: TINY'S DOUGHN	UT TREAT, INC		
DOING BUSINES	SS A			
ADDRESS GROT	ON SCHOOL RD.			
CITY/TOWN: A	YER	STATE: M	A ZIP CODE:	01432
MANAGER: MA	AURO, WILLIAMTYI	PE OF LICENSE:	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMIS	SES:		
MAIN FLOOR; REGENERAL STOR	ESTAURANT,DININO AGE AREA	G AREA,KITCHE	EN AND STORAGE A	AREA. CELLAR;
I hereby certify and	d swear under penalties	of perjury that:		
	ewed license will be of	• •	•	
	nsee has complied with		-	to taxes; and
3. the prei	mises are now open for	business (If not e	xplain below)	
SIGNED BY	Individual, Partner	or Authorized Co	orporate Officer	
	mar radui, r artirer	or ridinorized ec	rporate officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	ER IDENTIFICATION NUMBER:
	12221101	21,011221	(Note: NOT In	ndividual Social Security Number)
Acts of 2004, sign	ned by the building ins	spector and the h	ead of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:	_		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	1:)			
(11 disappioved ex	nlain)			
	plain)			
	piain)			
DATE:	plain)			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 006000010		CITY OR TOWN	AYER	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 201	3
	CLASS		Y	EAR
LICENSEE NAME: TRAFFIC CIRCLE LIQ	UORS,INC.			
DOING BUSINESS A JACK-O-LANTERN				
ADDRESS 2 LITTLETON ROAD				
CITY/TOWN: AYER	TATE: MA	ZIP CODE:	01432	
MANAGER: FERMANIAN, TYPE OI MARK	F LICENSE: Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
2 ROOMS AND A CELLAR, FRONT ROOM OFFICE, RESTROOM, FRONT ENTRANCE A				
 the renewed license will be of the sa the licensee has complied with all la the premises are now open for busing 	ws of the Comm	onwealth relating to		
SIGNED BY Individual, Partner or A	uthorized Corpor	rate Officer		
DATE: TELEPHONE NU	MBER:		IDENTIFICATIO	
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHOR	RITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 006000011		CITY	OR TOWN	AYER	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	13
		CLASS	}			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 48 MAII	A	ORE INC				
CITY/TOWN: AY		STATE:	MA ZII	P CODE:	01432	
MANAGER: BER W. I		TYPE OF LICENS	E:Package St	ore C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		R WEBSITE AND ENTER Y	OUR EMAIL ADDE	RESS		
DESCRIPTION OF			OOD DUDL		IOE TANTE ON	TAKARI
ONE ROOM WITH ST AND FULL SER FLOOR ROOM FOI	VICE ENTRANC					
I hereby certify and s	swear under penal	ties of perjury that:				
2. the licens	ee has complied v	of the same type for with all laws of the of for business (If not	Commonweal	lth relating t		
SIGNED BY	Individual, Part	ner or Authorized (Corporate Off	ficer		
DATE:	TELEPH	ONE NUMBER:	(1)		R IDENTIFICAT dividual Social So	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOC.	AL LICENS	SING AUTHO	DRITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 006000013		CITY OR TOWN	AYER
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: C.R. PIERCE	E, INC.		
DOING BUSIN	ESS A			
ADDRESS 30 N	MAIN STREET			
CITY/TOWN:	AYER	STATE: MA	ZIP CODE:	01432
	BRESNAHAN, J. TIMOTHY	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
ONE LEVEL RI RESTROOM	ENTAL UNIT WIT	TH 800 SQ. FT. OF RETA	AIL SPACE INCLUD	ING A 16 SQ. FT.
	remises are now ope	d with all laws of the Cor en for business (If not exp artner or Authorized Cor	olain below)	o taxes, and
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED: DISAPPROVEI			By:	
(If disapproved				
Tr	1 ' /			
DATE:				



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LICENSE NU	MBER: 006000015		CITY OR TOWN AYER	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI		SPORTSMEN'S CLUB		
CITY/TOWN:	AYER	STATE: MA	ZIP CODE: 01432	
MANAGER:	Briggs, Robert E	ΓΥΡΕ OF LICENSE: Clul	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
DESCRIPTION	PLEASE ALSO VISIT OF N OF LICENSED PRE	IR WEBSITE AND ENTER YOUR EM MISES:	IAIL ADDRESS	
 the the 	licensee has complied v	of the same type for the	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpor	rate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Acts of 2004,	signed by the building	ginspector and the head	certificate required by Chapt of the fire department for the rance required by Chapter 110	above
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED 1	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUM	MBER: 006000017		CITY OR TOWN AYER	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: SHAKER HILLS OF THE SHAKER HILLS	•		
CITY/TOWN:		STATE: MA	ZIP CODE: 01432	
	HERRICK, MIKE TY			: All Alcohol
EMAIL ADDR		E OF LICENSE. Res	taurant CATEOOKT	All Alcohol
EMAIL ADDR		EBSITE AND ENTER YOUR EN	TAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI			
				- - -
1. the r 2. the l		the same type for the all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and nin below)	i
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004, s	signed by the building in	spector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 1	ie above
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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LICENSE NUM	MBER: 006000019		CITY OR T	ΓOWN	AYER	
APPLICATION	FOR RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS	}			YEAR
DOING BUSIN	ME: MANGO GRILL, II SESS A LITTLETON ROAD	NC.				
CITY/TOWN:		STATE:	MA ZIP CO	DE:	01432	
MANAGER:		E OF LICENSI				All Alcohol
EMAIL ADDR						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL ADDRESS			
DESCRIPTION	OF LICENSED PREMIS	ES:				
	WOODEN BLDG. FIRST AND LADIES ROOM. SE					HEN,
I hereby certify	and swear under penalties	of perjury that:				
2. the l	renewed license will be of the complied with a	all laws of the (Commonwealth re			
SIGNED BY	Individual, Partner	or Authorized (Corporate Officer			
DATE:	TELEPHONE	E NUMBER:				ION NUMBER:
Acts of 2004, s	signed, attest that we are signed by the building insp and (2) the certificate of 1	pector and the	head of the fire	departn	nent for the	above
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL I By:	LICENSI	ING AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 006000021		CITY OR TOW	N AYER	
APPLICATION F	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	E: PAGE-MOORE C SS A BILLIARDS CA AIN STREET				
CITY/TOWN: A		STATE: MA	ZIP CODE:	01432	
	OORE, CALVIN ETY		estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	·				
		/EBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION C	F LICENSED PREMI	SES:			
	LIARD ROOM WITH			A, RESTROOM	S,
 the rene the lice 	d swear under penaltie ewed license will be of ensee has complied with mises are now open for	the same type for the all laws of the Com	monwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building in ad (2) the certificate o	spector and the hea	d of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 006000022		CITY OR TOW	'N AYER	
APPLICATION FO	OR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES: ADDRESS 63 PAR	S A THE VINEY				
CITY/TOWN: A)		STATE: N	IA ZIP CODE:	01432	
MANAGER: GE	NDRON, FFREY P.	TYPE OF LICENSE		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		_
DESCRIPTION OF					
BEER AND WINE ENTRANCE AND		A, WALK IN COOLE RK ST	R, MENS AND LAI	DIES REST RO	OMS,
2. the licer	nsee has complied	e of the same type for with all laws of the C in for business (If not e	ommonwealth relatin		
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer		
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] Dlain)		LOCAL LICE By:	INSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 006000023		CITY OR TO	WN AYER	
APPLICATION FO	R RENEWAL:	Annual CLASS	LI	CENSED FOR 2	2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 70 MAII		C.			
CITY/TOWN: AY	ER	STATE: N	IA ZIP CODI	E: 01432	
MANAGER: ARC W.	CHER, GARY TYP	E OF LICENSE	:Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE		UR EMAIL ADDRESS		
	LICENSED PREMIS N/ CONVENIENCE S				
2. the licens	wed license will be of to see has complied with ises are now open for Individual, Partner	all laws of the C business (If not e	ommonwealth relatexplain below)		
	individual, i didici	or rumonzeu e			
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICA $f T$ Individual Social $f r$	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL LIC	ENSING AUTH	IORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 006000024		CITY OR TOWN	AYER	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	ME: KYUNG ENTERP	PRISES INC.			
DOING BUSINE	ESS A CHUNG GE MA	RKET			
ADDRESS 210-1	D WEST MAIN STREE	T			
CITY/TOWN:	AYER	STATE: MA	ZIP CODE:	01432	
MANAGER: P	PARK, MUN HEE TYI	PE OF LICENSE: Pack	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR EM	AIL ADDRESS		
ORIENTAL MA	OF LICENSED PREMIS	SES:			
	and swear under penalties	s of periury that:			
-	newed license will be of		same premises now	licensed;	
	censee has complied with	* *	•		
3. the pr	remises are now open for	business (If not explain	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEDIJON	IE NII IMDED.	EMPLOYER IDENTIFICATION NUMBER:		
I ELEPHONI		IE NUMBER:	(Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY		
DISAPPROVED:			By:		
(If disapproved e	explain)				
DATE:					



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CITY OR TOWN AYER		
Annual	LICENSED FOR 2013	
CLASS	YEAR	
CO, ENTERPRISES LLC		
VOLA RISTORANTE IT.	AL	
STATE: MA	ZIP CODE: 01432	
TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol	
UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	RESTAURANT. (1800 SQ FT) . DENTRANCES ONTO MAIN STREET OMS	
lties of perjury that:		
e of the same type for the s	same premises now licensed;	
	onwealth relating to taxes; and	
for business (If not explain	in below)	
4 A. 41 1.C	OSC	
ther or Authorized Corpor	ate Officer	
	EMBLOVED IDENTIFICATION NUMBER	
ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
g inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts	
	LOCAL LICENSING AUTHORITY	
	By:	
	· · · · · · · · · · · · · · · · · · ·	
	Annual CLASS CO, ENTERPRISES LLC VOLA RISTORANTE IT STATE: MA TYPE OF LICENSE: Rest UR WEBSITE AND ENTER YOUR EM EMISES: RENTAL UNIT-FAMILY UDING KITCHEN. TWO INS & LADIES RESTROO Ities of perjury that: e of the same type for the s with all laws of the Comm for business (If not explain there or Authorized Corporation IONE NUMBER: are in possession (1) the g inspector and the head	